



EDWARD M. BIRN
Director (Direktot)

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**DEPARTMENT OF
ADMINISTRATION**
DIPATTAMENTON ATMENESTRASION
GENERAL SERVICES AGENCY

(Ahensian Setbision Hinirat)

Telephone (Telifon): (671) 475-1707/1729 • Fax (Faks): (671) 472-4217/1727
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LOURDES A. LEON GUERRERO
Governor (Maga'håga)



JOSHUA F. TENORIO
Lt. Governor (Sigundo Maga'håhl)

February 3, 2020

**INVITATION FOR BID
GSA-004-20
RENTAL OF TRASH BIN CONTAINERS
& PICKUP SERVICES**

AMENDMENT #1

1. Amend Bid Specification (see page 35 & 36 Revised)

From: BID AMOUNT

To Now Read: Bid Amount per Haul / Pickup Services

2. Amend Bid Opening Date & Time:

From: February 04, 2020 at 2:00 p.m.

To Now Read: February 12, 2020 at 10:00 a.m.

**All Others Remain Unchanged*

Please Print
Acknowledgement Copy (Re-Fax to GSA)

Received by: _____

Date: _____

Company Name: _____

Fax To: 475-1727 or 472-4217
Email To: gsaprocurement@gsadoa.guam.gov

Claudia S. Acfalle 2/3/20

Claudia S. Acfalle
Chief Procurement Officer

ITEM NO.	DESCRIPTION	QTY/UOM	BID AMOUNT PER HAUL /PICKUP
1.0	1.5 Cu. Yd. Container (Front or Back load)	2 EA	
	(a) Service One (1) time per week (Frontload)		\$ _____
	(b) Service One (1) time per week (Backload)		\$ _____
	(c) Service Two (2) times per week (Frontload)		\$ _____
	(d) Service Two (2) times per week (Backload)		\$ _____
	Tipping Fee Charge – _____ (Please indicate per week, month, etc.)		\$ _____

2.0	3 Cu. Yd. Container, (Front or Back load)	2 EA	
	(a) Service One (1) time per week (Frontload)		\$ _____
	(b) Service One (1) time per week (Backload)		\$ _____
	(c) Service Two (2) times per week (Frontload)		\$ _____
	(d) Service Two (2) times per week (Backload)		\$ _____
	(e) Service Three (3) times per week (Frontload)		\$ _____
	(f) Service Three (3) times per week (Backload)		\$ _____
	(g) Service Four (4) times per week (Frontload)		\$ _____
	(h) Service Four (4) times per week (Backload)		\$ _____
	Tipping Fee Charge – _____ (Please indicate per haul, week, month, etc.)		\$ _____

3.0	6 CU.YD. Container, Front or Back Load	2 EA	
	(a) Service One (1) time per week (Frontload)		\$ _____
	(b) Service One (1) time per week (Backload)		\$ _____
	(c) Service Two (2) times per week (Frontload)		\$ _____
	(d) Service Two (2) times per week (Backload)		\$ _____
	(e) Service Three (3) times per week (Frontload)		\$ _____
	(f) Service Three (3) times per week (Backload)		\$ _____
	(g) Service Four (4) times per week (Frontload)		\$ _____
	(h) Service Four (4) times per week (Backload)		\$ _____
	Tipping Fee Charge – _____ (Please indicate per haul, week, month, etc.)		\$ _____

4.0	24 CU. YD. Container, Roll Off Refuse Truck (For regular daily trash debris materials)	1 EA.	
	a. Service One (1) time per week		\$ _____
	b. Service Two (2) times per week		\$ _____
	Tipping Fee Charge – _____ (Please indicate per haul, week, month, etc.)		\$ _____

ITEM NO.	DESCRIPTION	QTY/UOM	BID AMOUNT PER HAUL /PICKUP
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5.0	30 CU. YD. Container, Roll Off Refuse Truck (For Metal Only)	1 EA.	
	a. Service One (1) time per week		\$ _____
	b. Service Two (2) times per week		\$ _____
	Tipping Fee Charge – Weekly Charge (Please indicate per haul, week, month, etc.)		\$ _____

6.0	35 CU. YD. Container, Roll Off Refuse Truck (For Metal Only)	1 EA.	
	a. Service One (1) time per week		\$ _____
	b. Service Two (2) times per week		\$ _____
	Tipping Fee Charge – _____ (Please indicate per haul, week, month, etc.)		\$ _____

7.0	30 CU. YD. Container, Roll Off Refuse Truck (For Wood Only)	1 EA.	
	a. Service One (1) time per week		\$ _____
	b. Service Two (2) times per week		\$ _____
	Tipping Fee Charge – _____ (Please indicate per haul, week, month, etc.)		\$ _____

8.0	10 CU. YD. Container, Roll Off/ON Covered (For Cardboard Recycle Service Only)	1 EA.	
	a. Service One (1) time per week		\$ _____

9.0	OPTIONAL: TRASH BIN LOCKS	1 EA.	\$ _____
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****NOTE: Price increase maybe requested on Tipping Fee Charges if mandated by law.**

Please Print
Acknowledgement Copy (Re-Fax to GSA)

Received by: _____

Date: _____

Company Name: _____

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